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Art. I.—ON THE PRESENCE OF KIESTEINE IN THE URINE AS A TEST OF PREGNANCY.

Philadelphia Hospital, April 12th, 1841.

To Professor Dunglison.

Dear Sir,—At your suggestion we have instituted a series of experiments for the purpose of ascertaining the existence of kiesteine in the urine of pregnant women. They have been conducted after the manner pursued by Dr. Golding Bird, as published in Guy's Hospital Reports, of April, 1840. Daily observations were made, and every change as it presented itself carefully noted. The results of our observations are as follows: The urine of twenty-four out of twenty-seven women, in different stages of pregnancy, from the second to the ninth month of utero-gestation, on the second day began to lose its transparency; on the third, became quite opalescent. From the second to the fourth day, a whitish scum made its appearance, which, as described by previous observers, might aptly be compared "to the layer of greasy matter which covers the surface of fat broth when it has been allowed to cool." This continued to increase until the fifth or sixth day, when, in each case, it was so unequivocally marked as not to be mistaken. From this until the fourteenth day, when the observations closed, the pellicle became gradually thinner by the detachment and subsidence of flocculi, though it never entirely disappeared. The odour, which was peculiar, could not be recognised by us as "cheesy," although our attention was particularly directed to this point. The filtered specimens of the same urine underwent similar changes.

Of the three remaining cases, in which the pellicle did not appear, one was labouring under peritonitis, and subsequently had an attack of puerperal fever, and another had incipient phthisis. We are unable to say whether the third was labouring under disease or not.

The urine of one suckling woman, two weeks after delivery, presented all the characteristics of kiesteine. That of two others, twelve months after delivery, whose children were still at the breast, underwent no change.

So far as we observed, the presence or absence of milk in the breasts, previous to delivery, appeared to exercise no influence over the formation of the scum.

An elevated temperature of from 60° to 80° appears most favourable to the speedy and perfect formation of the kiesteinic pellicle, whilst one low enough to freeze the urine occasionally prevents or very materially retards the process. This may perhaps account for some apparent discrepancies

between our observations and those of Dr. Bird, as some of our experiments were conducted at rather a low temperature.

By way of instituting a comparison at the same time, the urine of twenty-seven unimpregnated women was submitted to examination, but underwent no changes indicative of kiesteïne. Of these, twelve were regular and healthy, nine were labouring under gonorrhœa, and were generally irregular. Three had chronic leucorrhœa, two indolent ulcers on the leg, and one was in the last stage of phthisis. The six last mentioned also had amenorrhœa of long standing.

The urine of four healthy men, and of two labouring under catarrh of the bladder, underwent no change.

From the nature of our situation, we had an opportunity of tracing the history of each case examined. The urine, in every instance, was that first voided in the morning, and that of no one was taken who did not remain long enough in the house either to be delivered or to place their state beyond a doubt.

From what has hitherto been published on this subject, as well as from the further observations made by ourselves, it will be seen that this matter is worthy of further investigation; and that whilst it cannot be relied on as an absolute test of pregnancy, yet when taken in conjunction with other symptoms, it forms a valuable aid to diagnosis. As illustrative of this fact, we may state the following cases, which came under our own observation.

Nov. 10th, 1840. Margaret M'Guire, æt. 26. Entered the venereal ward with gonorrhœa; had not menstruated for two months. She applied to the physician in attendance for emmenagogues, which were administered, as no other sign of pregnancy existed. At the same her urine was taken as a healthy specimen; but the appearance on the third day of a perfectly marked kiesteïnic pellicle caused the treatment to be discontinued. She is now in the obstetrical ward, in so advanced a stage of undoubted pregnancy, as to prove her at that time to have been in the second month.

Susan Rhodes, æt. 23, assistant nurse. Had a cessation of the catamenia for three terms after a visit from her husband, a seaman. Her breasts enlarging and becoming painful, with morning sickness; she supposed herself pregnant. Alarmed at experiencing pain in the region of the pelvis, accompanied by a bloody discharge for several days, she applied, Nov. 20th, 1840, for medical treatment to prevent abortion. She was put to bed, and her urine submitted to examination. As it exhibited no appearance of kiesteïne, on the fifth day she was allowed to resume her occupation, and has since been perfectly regular.

Lavinia Horner, æt. 32. Entered the medical ward Dec. 12th, 1840. She had been treated in the city for amenorrhœa, produced, as she says, from exposure to cold. On examination by Dr. Dunglison, then in attendance, she was suspected of being pregnant, notwithstanding her solemn protestations to the contrary. On the third day, her urine presenting the decided characteristic pellicle, she was transferred to the obstetrical ward, and during the last month was delivered.

Mary Brown, æt. 35, (coloured.) Entered medical wards Jan. 12th, 1841, in an advanced stage of phthisis, accompanied by enlargement of the abdomen. Has had several children; supposed herself pregnant, and stated that quickening had taken place a month previously. Her urine, however, presented no traces of kiesteïne. A few weeks afterwards she died, and on examination, the enlargement of the abdomen was found to depend upon ovarian dropsy, while the uterus was perfectly normal.

We are, sir, very respectfully,

Wm. M. M'Pheeters, } Resident Physicians.
J. C. Perry, }

Art. II.—ANATOMICAL DESCRIPTION OF AN HERMAPHRODITE, KNOWN BY TURNS UNDER THE NAMES OF MARIE-DOROTHE DERIER AND CHARLES DURGE.

BY PROFESSOR MAYER, OF BON.[1]

Translated from the French, by O. H. Partridge, M. D., Philadelphia.

This remarkable individual whom we are about to describe, has been known to the medical community for more than thirty years, at first by the name of Marie-Dorothé Derier, afterwards by that of Charles Durgé. Born at Berlin or Potsdam in 1780, he was baptised as a female child. At twenty years of age he still continued to wear the clothing and follow the occupation of females moving in the same grade of life; it was about this time that he was first spoken of in the public journals. Hufeland made mention of him in his journal for 1801; and notwithstanding the perspicacity of this patriarch in German medicine, he gave it as his opinion that the attributes of the female sex were predominant with Derier.

During the years 1816 and 1817, Derier, who had learned to model in wax, visited the different universities in Germany, and traveled into France, Holland, and England, where he was employed in most of the anatomical museums. He was examined by a great number of medical gentlemen and men of science; among whom were Kopp, Kausch, Mursina, Rosenmüller, Osiander, Lawrence, Green, and the faculty of medicine in Paris, the most of whom gave it as their opinion that he was of the masculine sex. Hufeland, whom we have already mentioned, Gall, and Brooks, declared in favour of the feminine. While others, and among them Drs. Schneider and Lauth, Schmidtmüller and Ritgen, were of the opinion that Derier belonged to neither sex; the different parts of the body were considered as appertaining to the masculine and partly to the feminine. The pelvic basin only was considered by the most of them as the basin of the female; notwithstanding, the anatomical inspection, as we shall see, has demonstrated to the contrary.

Supported by the opinions of a majority of physicians, who had pronounced him of the masculine sex, and stimulated by a sort of vanity, Derier assumed the dress and mode of living usual among men, and caused himself to be called Charles Durgé. Under this name he continued to live in Bon, from 1820 to the time of his death, which occurred in March, 1835. During the latter period of his life he was constantly under the observation of M. Mayer. Durgé, said he, was pleased to be in the society of males, but evinced a greater predilection for that of females, yet entertained towards neither of them any amorous propensities. His character was a *mêlange* of the man and the woman: on the one part, he had courage unusual to one of his size—he possessed great physical strength, and loved to rule; and, on the other, distinguished himself for great manual dexterity, as his works in wax were always well and faithfully made. He was animated with sentiments mild and affectionate, yet at the same time possessed a certain spirit for contradiction.

During the last years of his life there was no evidence of a catamenial discharge from the genital organs, as there had been two or three times during his twentieth year, yet he was subject to epistaxis and hæmorrhoids, phenomena which were attributed to his manner of living, as he indulged freely in the use of wine, coffee, and spirituous liquors. Durgé never had pollutions or ejaculations of semen. His voice became more hoarse and strong as he advanced in age; his beard was light and thin; all his hair had fallen off, with the exception of a few locks that hung long and pendant from behind the occiput. His head and face presented the aspect of an old

[1] Medical Examiner, April 10, 1841.

woman; the teeth also were nearly all gone; neck short; chest fat and rotund; arms and legs slightly covered like those of the female; his height, which was taken at the time he was thirteen years of age, when he had arrived at his full stature, was five feet.[1] At thirty-eight there was a complete change in his constitution, and he became very gross and portly; he enjoyed most excellent health, with the exception of a nervous fever, which attacked him when he was about forty years old. He continued thus to live until three years previous to his death, when his memory failed, and he lost all taste for his works in wax. In the month of March, 1835, his countenance assumed a haggard aspect for a number of days, at the end of which Durgé or Derier succumbed suddenly of a violent attack of apoplexy. The autopsy was made by Professor Mayer, one of the most distinguished anatomists of Germany. M. Mayer was exceedingly minute in his examinations, which might have been thought by some unnecessary, had they not been justified by the importance of the subject.

We have thought it our duty to report faithfully the description of the professor in Bon, because it has thrown much light upon the true nature of an individual who had enjoyed a certain celebrity in consequence of the great difficulty that had existed to determine to which sex he belonged. It proves to us, moreover, that there does exist among the human species true hermaphrodites,—that is, the organs male and female in the same individual.

Autopsy, exterior.—Length of the body, 5 feet; length of the superior extremities, from the condyle of the humerus to the end of the middle finger, 2 feet 4½ inches; inferior extremities, from the great trochanter to the heel, 2 feet 10¾ inches. Form of the head feminine, small, os frontis narrow and low: occiput prominent; hair thin, and covering only the occipital region; beard very thin; neck short; larynx slightly projecting; breadth of the shoulders 1 foot 2 inches; superior portion of the thorax narrow and short; abdomen of good length; breasts very well developed, but the nipples shrunk; pelvis not large; pubien arch of a medium width; curve of the arms and legs like those of a female.

Description of the internal organs.—Tongue short, large, and ovoid; papilla long, and of a natural size; os hyoides small, but well developed; the thyroid cartilage forms but a slight projection, is very narrow, but of a tissue sufficiently hard throughout; thyroid gland quite large; cornua thyroidea, superior and inferior, very long; the ligaments of the thyroid and cricoid cartilages strong and well develcped; epiglottis short and large; cavity of the larynx moderately large, nevertheless, the vocal chords, superior and inferior, are sufficiently thick and strong; trachea narrow, and its cartilages more soft than those of the male. *Lungs* small; the right lung is divided only into two lobes by a fissure incomplete and not very deep: the left also is divided and adherent to the parieties of the thorax, the pericardium and diaphragm; the right lung, with the exception of a few arthritic tubercles of the size of peas, is healthy; the left contains a large number of these concretions, particularly on the internal edge of the superior lobe. *Heart* fat, large, round, and resembles the heart of a female; its structure is normal, and the muscular tissue well nourished; the division of its vessels from the arch of the aorta natural. The stomach is of an oblong form and not very muscular. *Spleen* small, and only 2 inches 10 lines in length, and 1 inch 8 lines broad. *Liver* of a medium size, biliary ducts contain a large number of calculi. Intestinal canal normal; cœcum large; appendicula vermiformis large. *Mamma* tolerably well developed, the glandular granulations are wanting, but in their place are found a quantity of small globules, fatty, and of a reddish yellow appearance; the nipple projects but

[1] We here make use of the French measure, which the reader will recollect is a little longer than the English,—12 French inches being equal to about 13 English inches.—*Trans.*

slightly, and is pierced by a great number of minute holes, which are evidently sebaceous follicles, and situated only about the areola. *Kidneys* oblong, thin, and small; renal capsules normal.

The *encephalon* is small, and presents entirely the form and organisation of that organ in the female; its form is round and symmetrically convex; lobes not prominent, convolutions numerous, but narrow; dura mater and pia mater are of an extremely delicate texture; pons varoli and medulla oblongata small; the nerves, and particularly the fifth pair, are more delicate than in the male; the cerebellum is also small, and its right hemisphere in particular is much less voluminous; in fact all the lobes appear to have been arrested in their developement; the lamina are numerous; the cerebrum presents also a want of developement in its right hemisphere, as is indicated by a depression at the lobes; corpus callosum short; thalami nervorum opticorum, corpora quadrigemina, pineal gland and corpora striata, are below the natural size. *Cranium* small; its bones thin, but solid; sutures not effaced; bones of the face tolerably well developed; ossa maxillaria superiora destitute of teeth; in the ossa maxillaria inferiora two molar and three incisors still remain; mastoid processes large, and of a very firm texture; os frontis slightly projecting, but the summit of the cranium and the occiput, which contain the posterior lobes, are quite large; the prominences corresponding to the cerebellum not well developed, the left saillant and the right quite smooth; vertebral column regularly formed, but the vertebræ, especially the cervical and thoracic, are of rather delicate texture; ribs brittle and thin; the third, fourth, fifth, sixth and seventh on the left side have been fractured, the four first in two places, the last in one only; the fractures now are consolidated, and quite firm; the pleura adheres at three different points, and also to the lungs; the sternum, particularly its superior portion, is quite large; thorax uncommonly narrow, more especially its middle portion, while its lower section is also of good size.

The bones of the superior extremities are proportionally well developed, but present a feminine character, particularly the clavicle and scapula; the first is short, rounded, thin, and very curved,—the fore-arm forms with the arm an angle from without, a little unusual; the hands are small like those of the female; lumbar vertebra rather small; sacrum large; sacro-vertebral angle slightly prominent. The bones of the pelvis are strong and solid, and in general narrow, presenting in an evident manner the configuration of the pelvis of a male; its greatest transverse diameter, from the crest of one ilium to the other, is 9 inches; from the anterior superior spinous process of one ilium to the opposite it is 7 inches and 3 lines; transverse diameter of the superior strait, 4 inches 5 lines; antero posterior, 3 inches 4 lines; oblique diameter, 4 inches; transverse diameter of the inferior strait, 3 inches 3 lines; antero posterior, 2 inches 6 lines; symphisis pubis long and narrow; the arch of the pubis is like that of the male, and forms an angle of 65 degrees; the lateral portions of the ilium have a vertical direction; cotyloid cavities are flat and turned forward; sciatic tuberosities look downward and inward; the whole of the pelvis is a little unequal and oblique, inasmuch as the right half of the small basin is smaller and more narrow than that of the left, and the sacro-vertebral angle greater towards this side; osseous tissue of the inferior extremities very delicate; neck of the femur short; trochanters feeble; knees a little crooked from within.

Description of the genital organs in particular.—Mons veneris slightly elevated; the hairs that cover it are thinly scattered, and do not extend as far as the umbilicus; perineum and anal region also only partially covered. Length of the penis to the glans two inches; the glans itself nine lines; penis mostly covered by the mons veneris; corpus cavernosum equally well developed, presenting each one a perpendicular diameter of eight lines, and together a transverse diameter of four lines, divided by a septum; corpus spongiosum wanting; the prepuce covers but about half of the glans; and a little on the under side is found an opening, *fossette naviculaire*, or small

canal, which represents the canal of the urethra, closed, and is formed of two folds of skin, stretched backwards, and which resemble the nympha; this small canal leads to an opening, round, and about the size of a goose quill; the external labia, the skin of which is wrinkled, forms the posterior edge of this opening, and the mucous tissue, smooth and glossy, its anterior; at the anterior or superior border are to be seen two longitudinal folds of skin, between which is a small canal representing the canal of the urethra, and runs in a direction inward; at the edges of the internal labia are also seen the vestiges of the carunculæ myrtiformis; the circular opening continues, with a vestibule of eight lines in length, and merges above into the canal of the urethra, and below into a larger canal which resembles a vagina; the septum that divides at this place the vaginal and urethral canals is semilunar in form, and is placed horizontally; the canal of the urethra is near the racine of the penis, and is at the same time surrounded by the prostate, which is firm, but not very thick; neck of the bladder, and the bladder itself, are regularly formed; the latter, particularly, is very muscular, and its membranes dense and strong; the mouths of the ureters present nothing singular. The canal which represents the vagina is composed of a delicate mucous tissue, and has but few muscular fibres, and is partially filled with a greenish mucus; at its commencement it is surrounded by a tissue, rectiform and vascular, and easily separated; this tissue is composed mostly of varicose veins, which continue upwards between the vagina and uterus, and finally disappear; at this place are seen a number of veins coming out, and a large artery entering. Length of the vaginal canal two inches eight lines; diameter of the external orifice where it is the largest, ten lines; posteriorly, it is only six lines; in its internal surface anteriorly it is a little corrugated,—farther back, smooth, but garnished with a great number of small warts, where are to be seen also radiated or star-formed cicatrices. The vagina terminates interiorly by a narrow portion or sort of isthmus of a spongy texture, and of from four to six lines in length; behind this isthmus, which represents the imperforate orifices of the uterus, is found the uterus itself, which continues upwards with the oblique direction of the vagina, behind and between the bladder and rectum, with a slight declination from right to left, so that its base is seen on the left side of the bladder, at the point of union between the body and base of this organ.

The *uterus* is extremely narrow; length two inches six lines; neck quite small, yet it is not difficult to distinguish that it has a neck, body, and fundus; there is nothing remarkable in the internal surface, except some small folds, and a number of small spots of a yellowish brown colour; its cavity, which contains a gelatinous mucus, is much narrower than that of the vagina, and will hardly receive a goose quill; its fundus is a little larger, and will measure nearly six lines; the body of the uterus exhibits a few corrugations or folds, and a number of hydatiform vesicles, mixed here and there with yellow spots.

The two fallopian tubes open exactly at the fundus of the uterus, but in length are unequal; the left tube being three inches four lines, and the right four inches four lines; the tube of the canal is small, but perfectly permeable to the abdominal opening, which is imperforate, and where are discovered a number of hydatids; corpus fimbriatum plainly to be seen; the muscular fibres are very strong which are given off from the fundus of the uterus, under the peritoneum, and which pass over its anterior portion and the bladder in a direction towards the inguinal ring, and finally are lost in the adipose tissue of the external organs. In the right side, near the open extremity of the fallopian tube, is a small, flat, ovoid body, from which are given off a bundle of vessels and muscular fibres, and entirely enveloped in the peritoneum; its form is that of a small almond; its parenchyma is evidently composed of a yellow, soft, and filamentous tissue, resembling exactly that of the testicle; the vesiculæ seminales may easily be dissected, and in the cord are to be seen the artery and vein. On the right side, behind and

a little without the abdominal opening of the fallopian tube, there is also a small, round, flat body, enveloped in the peritoneum, but its tissue is gelatinous, and composed of small grains, so conglomerated as to resemble rather an ovary than a testicle.

We here see the mixed attributes of a male and female; on the one part a testicle slightly atrophied, also a penis and prostate gland; on the other, a vagina and uterus with its fallopian tubes, and on the left side a body analogous to an ovary. M. Mayer has also observed as a fact worthy of special notice, the very slight developement of the hemispheres of the cerebellum, an anomaly that Gall predicted when Derier or Durgé was twenty-five years of age, in consequence of the indifference exhibited by him for either sex. It is also a fact, that on the right ride, where the cerebrum, and particularly the cerebellum, were imperfectly developed, there exists in the abdominal cavity but one thing doubtful, that is, the body which was supposed to be an ovaria; while on the left side there is certainly a testicle, although not of full size.

Finally, M. Mayer adds, he never has observed this defect in the organisation of the cerebellum in any other case of hermaphroditism, either in the male or female.

Art. III.—RHINOPLASTIC AND CHEILOPLASTIC OPERATIONS.[1]

BY J. PANCOAST, M. D.

Professor of Anatomy in Jefferson Medical College, one of the Surgeons of the Philadelphia Hospital, &c.

Jno. Glover, æt. 50, a native of Bridgewater, in England, lost, seven years ago, as he states, by phagedenic ulceration, all the soft parts of the nose, the whole of the upper lip, the turbinated bones and septum of the nostrils. Though now in good health and robust, he appears an object of deformity so disgusting to himself, that he has voluntarily exiled himself from his family and home. On examination, it was found that the teeth with their sockets had all disappeared from the upper jaw, and nearly all from the lower: a small strip of gum, a quarter of an inch wide, stretched across, and formed the only separation between the lower lip and the ends of the ossi nasi.

In consequence of the destruction of the upper lip and the sockets of the teeth, the chin came high up on the face, and the lower lip fell on the margin of the nasal cavern.

The cicatrisation following the destruction of the upper lip and nose had drawn in the angles of the mouth, so as to leave a round opening of not more than three quarters of an inch in diameter when the mouth was opened to the widest extent.

Jan. 20th, an operation was performed before the class of the Philadelphia Hospital, for the enlargement of the mouth and the reconstruction of the upper lip. The mouth was widened after the manner of Dieffenbach, for about five eighths of an inch at each angle, by removing a slip of the muscle and integuments in front of the mucous membrane, and then dividing the membrane in two, and binding each half by suture over the raw edges of the new lip. A flap of integument was then raised from the muscles of each cheek, an inch in breadth and an inch and a half in length, and brought down and fastened together by hare lip sutures in front of the gum, which had been previously made raw with the knife. The operation succeeded. The new lip became perfectly adherent to the gum, and presented a natural appearance.

[1] Medical Examiner, April 10, 1841.

March 27. Proceeded to the rhinoplastic part of the operation. A flap of the integuments was raised from the forehead, nearly of a pyramidal shape, three inches long and three inches broad at the base, having an adherent strip raised from the scalp on the middle line an inch and a half long and five eighths of an inch broad, to form the columna of the new nose. The flap was dissected up, remaining attached only by a pedicle between the eyebrows, and twisted so as to present its raw surface over the opening of the nose. The integuments of the forehead and scalp were then brought together with hare lip sutures, leaving only a small opening to fill up by granulation the size of a twenty-five cent piece. A groove was cut along the sides of the nasal cavern into which the flap of the new nose was stitched. The new columna from the scalp was bent in, and fastened with hare lip pins to the upper margin of the gum, and the new lip formed on the 20th of January, and which were freshened with the knife for its insertion. The entire operation lasted a little over an hour, and was borne by the patient without a murmur. 31st. The dressings were removed, the wound in the forehead and scalp were found united, except in the middle space, by first intention. The new nose and the column had also united every where by first intention, and retained in a great degree the natural prominence. The patient suffered but little pain or inconvenience since the operation, and has the fairest prospect of having his hideous deformity entirely removed. The details of this case will be hereafter more fully given, as well as those of another case, in which the operation was performed by Dr. Pancoast on the 9th of January last. In the latter instance, the nose, which had been lost by scrofulous ulceration, attended with a destruction of a considerable part of the hard palate, was rebuilt by flaps from the cheeks, and the operation has been so completely successful, as to require a careful inspection to distinguish it from the natural organ.

BIBLIOGRAPHICAL NOTICES.

Transactions of the Medical Society of the State of New York.[1]

This part of the Transactions of the active Society of the State of New York contains the following articles:—Annual Address on Inflammatory Fever, by Sumner Ely, M. D.; Prize Dissertation on the Nervous System, by Nathan S. Davis, M. D.; Observations on Ergot, by J. B. Beck, M. D.; Observations on Aneurism, by Placide Portal, M. D.: and an Address before the Renssellaer County Medical Society, by Daniel Haynes, M. D. The appendix is occupied by an abstract of the proceedings of the society at its annual session, Feb. 1841; a list of officers of the county medical societies; legislative documents; regulation of medical fees of the superintendents of the poor, &c. &c.

Hamilton's Lecture on Phrenology.[2]

Dr. Hamilton has taken decided grounds in this pamphlet against phrenology, and will of course be regarded unfair and perhaps feeble by those who consider that they alone possess all knowledge on the subject. One thing

[1] Vol. v. Part 1. Albany, 1841.

[2] Lecture on Phrenology, by Frank H. Hamilton, M. D., Professor of the Theory and Practice of Surgery in Geneva Medical College and the Vermont Academy of Medicine. Delivered before the Rochester Athenæum, Feb. 9, 1841. 8vo, pp. 32. Rochester, 1841.

stated by him surprises us, that *we* are "often quoted as favouring phrenology." The pages of this journal have sufficiently shown, that whilst we respect the honest convictions of others who embrace the opposite view, the evidence adduced in favour of phrenology, backed as it has been by the zeal of its apostle, who lately visited this country, has been altogether insufficient to convince us of the truth even of its positions.

The lecture of Dr. Hamilton exhibits great energy of character and much research, and must have been well received by his audience.

Tweedie's Library of Medicine. Dissertations on Diseases of the Digestive, Urinary, and Uterine Organs.[1]

This is another of those valuable volumes for which we are indebted to the enterprising publishers who have undertaken the series. The articles are shorter than those of the preceding volumes, but they are not the less satisfactory; whilst they permit the ground to be covered by a greater variety.

We can strongly recommend the whole series to the notice of the practitioner and student. The authors are all men of science and observation, and they are evidently on a level with the improved knowledge of the day.

Twenty-fourth Annual Report of the State of the Insane Asylum at Frankford.

The report before us exhibits this valuable institution in a favourable light. The number of patients during the year was 110; of whom 52 were discharged; 58 remain in the house.

The report of the physicians exhibits that they are alive to the responsible position they occupy, and deeply imbued with the existing improved views as to the best treatment of the insane.

Gibson's Rambles in Europe.[2]

We had occasion, in our last volume, to draw favourable attention to sketches of living characters abroad, as given by Professor Gibson, in his introductory lectures to the students of the University of Pennsylvania. The volume before us contains those sketches, with numerous others of distinguished individuals, whom its author met with in Great Britain, Ireland, and France. On these additional sketches the same encomiums may be passed as on the former. Most of them are decidedly complimentary, and perhaps deservedly so; there are others, however, which may gratify the reader more than the parties immediately interested.

Of the eminent surgeon, whose death has been recently announced, it

[1] By W. Bruce Joy, M. D.; J. A. Reynolds, M. D.; George Budd, M. D.; William Thomson, M. D.; Robert Christison, M. D.; Robert Ferguson, M. D., and Dr. Simpson. Edited by Alex. Tweedie, M. D., F. R. S., &c., with notes by W. W. Gerhard, M. D., &c. &c. 8vo, pp. 516. Philadelphia, 1841.

[2] Rambles in Europe in 1839, with Sketches of Prominent Surgeons, Physicians, Medical Schools, Hospitals, Literary Personages, Scenery, &c. By William Gibson, M. D., Professor of Surgery in the University of Pennsylvania, &c. &c. 12mo, pp. 309. Philadelphia, 1841.

may be interesting to read Professor Gibson's description, from personal observation two years ago:—

"It was natural I should wish to see the Wellington of British surgery, as Sir Astley Cooper has been emphatically styled. I had attended his lectures occasionally, and witnessed his operations in Guy's and St. Thomas's hospitals thirty years before; I was familiar with his writings and high reputation at home, abroad, and, indeed, throughout the civilised world, and felt no ordinary desire to form the acquaintance of one who, in addition to the highest professional renown, was allowed, by common consent, to be among the most finished gentlemen of the day; I repaired, therefore, to his house, without any introduction whatever, was ushered into his presence, and received with a courtesy and urbanity I was totally unprepared to expect; for, upon my name being announced by the attendant, he came forward with ease and alacrity, and expressed, in the kindest possible way, his pleasure at meeting one connected with a university he had long known by reputation, and with some of whose professors he had been upon the most intimate terms of friendship, whilst fellow-pupils with them under the celebrated Hunter. Imagine a tall, elegantly formed man, moderately robust, with a remarkably pleasing and striking countenance, red, and fresh as a rose, apparently about fifty-eight or sixty years of age, but in reality above seventy, very agile and graceful in all his movements, simply but handsomely attired, with the spirit and vivacity and bearing of a youth, with, in short, no marks of advanced age except a head as white as the driven snow, —and a very just conception may be formed of the appearance of Sir Astley Cooper.

"I had scarcely been seated five minutes before I found myself deeply engaged in discussing all the knotty points of surgery, question following question in rapid succession, and the greatest interest evinced in the various answers returned,—all touching points of practice, either peculiar to America, or in conformity with English or French doctrines, or notions, or, as sometimes happened, adverse to both. Thus employed, an hour glided quickly away, when a servant entered and whispered audibly that the rooms were full of patients, all anxious to obtain his advice. He rose suddenly, apologised for leaving me, and said, "Come and breakfast with me to-morrow precisely at nine, and any morning, if you please, at the same hour, as long as you remain in London, and I will go through with you, day after day, the various preparations in my museum, the most valuable and choice of which are contained in my house." The next morning I was at my post by the appointed time, breakfast was served precisely to the minute, and half an hour afterwards I found myself in his museum listening to a lecture on the structure and functions of the thymus gland, illustrated by some of the most beautiful preparations I ever beheld. At half past ten I took leave, and Sir Astley said at parting, "Come to me, if you can, to-morrow at two o'clock, and I will take you to Guy's Hospital, show you the establishment and its large and splendid collection of preparations,—many of which occurred in my own practice, and are very interesting and unique in their character." Whilst riding, upon that occasion, for miles along the crowded streets of London, and moving so slowly as scarcely to reach our destination for an hour and a half, I was forcibly struck with the fund of anecdote which he was constantly pouring forth, chiefly illustrative of the scenes of his long and eventful life, and relating, in many instances, to ludicrous or remarkable circumstances in the history of some of his professional brethren,—all told in such a way as to convince me that he possessed an innate love for fun, or mischief, so refined, however, by benevolence, as never to wound or tarnish the characters of those whose peculiarities or infirmities he portrayed. I was the more persuaded of this ingredient in his composition afterwards, from hearing, through an old friend of his in the neighbourhood of Yarmouth, where he was born, the following anecdote—

upon the truth of which I thought I could rely. "Sir Astley," said he, "was the son of a clergyman of Yarmouth, where, upon one occasion, the church bells began to ring so vehemently as to alarm the inhabitants, who ran in great numbers to the parsonage to inquire of the minister the cause of such terrific peals from the steeple. 'Oh!' said the reverend gentleman, 'I have no doubt it's all the work of that mischievous wag of mine, Master Astley, and his hopeful playmate, Tom Goodfellow.' Accordingly, upon ascending the steeple, it was found, as predicted, that the boys were busily at work, full swing, pulling and hauling the rope in fine style, and amazingly delighted at the stir and sensation they were creating throughout the town, and the trouble they were giving to the honest citizens."

"During the ride Sir Astley mentioned to me also a striking peculiarity—which showed the power and extent of his memory—by remarking he could take up any of the poets, and from two or three readings repeat for years afterwards whole passages without the slightest omission or mistake, and, in proof of it, immediately recited several pages from Young's Night Thoughts. In conversing with him concerning the destruction of Hunter's papers by Sir Everard Home, he remarked it was true, and an act of great folly on Sir Everard's part, inasmuch as it led to the belief he had never produced an original work, but had stolen every thing from Hunter; whereas, he had strong reason to believe, Sir Everard had only burnt papers which he conceived to be of little or no importance, and that he was not justly chargeable in a single instance with plagiarism. He also spoke of Home as having been an excellent surgeon, full of information, devoted to his profession, but rough in his manners and operations, and so decided in character and independent in views, as to give, upon many occasions, great offence to his patients and brethren.

"Upon reaching Guy's Hospital, I had soon proof of the activity of Sir Astley's frame, and the vigour of his constitution; for he walked with the quickness of a young man, and was so rapid in his movements, as to render it difficult to keep pace with him. I was particularly struck with his demeanour towards the house surgeons, the pupils, the patients, the superannuated nurses, and every living thing about the establishment, his manner being as kind and conciliatory as possible, taking, in several instances, the old men and women aside, and inquiring into their wants; and, upon one occasion, going considerably out of his way, and up a long flight of stairs, expressly to shake hands with an old woman, who had been one of his principal nurses more than forty years, and the only surviving individual, he said, who had been connected with the hospital as long as himself.

"After showing several interesting cases in the wards—one an amputation at the shoulder-joint, performed by Mr. Key, and in a fair way of recovery, the stump being nearly healed, and beautifully formed,—he led the way to the surgical cabinet, and pointed out, with his own hand, each interesting specimen, giving its history and peculiarity, and waiting patiently until I had secured his remarks in my note-book. There, and afterwards at St. Thomas's, I had the opportunity of examining all the preparations referred to in his great work on Hernia, the specimens in which the aorta, the iliacs, the subclavian and carotid arteries had been tied by himself, and the causes of failure or success amply demonstrated. There, also, I saw a specimen in which the subclavian had been tied, successfully, by Mr. Key, in a case where the axillary artery had been torn, in an attempt to restore a long-standing dislocation of the shoulder, and the result of which proved that I myself had been justified in pursuing the same course, under similar circumstances, long before. From the museum (the extent and beauty of which can only be appreciated by those who have examined it closely, as I had frequently afterwards opportunity of doing, and of comparing each specimen with the printed catalogue, in shape of a large volume, prepared by the intelligent Dr. Hodgkin,) Sir Astley kindly took me to the College of Surgeons, where we listened to a most eloquent discourse on the comparative

anatomy of the kidney in various animals, by the celebrated Mr. Owen; afterwards introduced me to all the prominent surgeons and physicians present, and concluded by ushering me into the great Hunterian museum, giving me free and unlimited access to every department of it, and there leaving me to revel in the regions of anatomical, surgical, and scientific research to my heart's content. From that period I became a constant visiter at Sir Astley's, and through him formed the acquaintance of Sir Benjamin Brodie, and most of the other distinguished surgeons of London.

"There are many, even in London, who believe Sir Astley to have retired from the profession into the walks of private life. This is a great mistake; for although he has ceased, for some years, to perform the duties of a lecturer, and to attend at Guy's Hospital, except as consulting surgeon, he is still engaged in business and the examination of numerous cases at his own house. It is true he purchased, some years ago, a splendid seat[1] near London, and intended to retire from the profession. For a time he was delighted with his agricultural occupations, but at last found himself so pursued into his retreat by his old patients, or so watched and called upon whenever he ventured to show himself in town, that he was obliged, in spite of himself, to resume his former pursuits, and has ever since attended regularly to the profession. Another circumstance is said to have contributed to drive him from the country. As long, said my informant, as Sir Astley could find a case of disease in his horses, cows, sheep, or pigs, he was delighted, and attended them with all the interest and fidelity he would have shown to a human being, often trepanned the head of some favourite ram or ewe in search of the cause of its disease; but the moment he found his stock in perfect condition, he at once became unhappy, and sighed for his town-house and the wards of Guy's Hospital."—p. 22.

All this is complimentary. We cannot say so much of his description of some others. For example, Dr. Traill,—

"Of Professor Traill I saw little, either at the dinner or before. He is a short, thick, squat-looking man, with bushy, black head, and queer expression, skellies slightly out of one eye, and is very busy, bustling, and important. He had resided at Liverpool, and been transferred thence to Edinburgh, and to the chair of medical jurisprudence, which he fills, it is said, with more or less cleverness."

And our preceptors of the Edinburgh school—Drs. Home and Monro:—

"Dr. Home, the present professor of practice, and successor of the late celebrated Dr. James Gregory, was formerly professor of materia medica! He was never distinguished, however, as a teacher in that branch—being deficient in voice and manner, and had acquired so inveterate a habit of hemming, snuffling, hesitating, and recalling words, as to render his lectures very unpalatable to most of his hearers. Age, I found, had not corrected but increased these defects; and, as he never enjoyed private practice to any extent, and, indeed, seemed to have no turn for it, but depended altogether for his experience on a month or two of clinical attendance annually upon a few patients in the Royal Infirmary, I presume his lectures on the *practice of physic* cannot be very edifying to his pupils. He is, however, a man of fine education, extensive general information, solid professional acquirements, and, I believe, of most amiable feelings and respectable character. Though of too full habit, rather florid, and beyond seventy, he appears to enjoy good health, and may yet live for some years.

"Of Dr. Alexander Monro, tertius, the present professor of anatomy—descended, in a direct line, of a dynasty of professors, the son and grandson of two of the best anatomists, physicians, and teachers, that ever adorned any university, with opportunities unbounded of acquiring information—

[1] *Gadesbridge*, near Hemel Hemstead, twenty-four miles from London.

from collections of human and comparative anatomy, the accumulation of ages, from extensive libraries transmitted by his ancestors, and from profuse stores of hereditary wealth—what shall we say? Neither more nor less than this—that it was, certainly, most extraordinary that any body of intelligent, respectable men, in the enlightened city of Edinburgh—at a time, too, when the celebrated John Bell was in the zenith of his glory as an anatomist and teacher; when Barclay, a man of intellect, with profound knowledge of the subject, was lecturing to large classes; and when young Gordon, a man of genius and of great promise, was just springing into notice—should make such an appointment, and without recollecting the classic lines,

> 'Genus et Proavos et quæ non fecimus ipsi
> Vix ea nostra voco.' "—p. 172.

MISCELLANEOUS NOTICES.

Medical School of Maine.—The catalogue of the past session contains the names of 62 students.

Professor Colhoun.—Died, on the 7th of April, Samuel Colhoun, M. D., Professor of Materia Medica in the Pennsylvania College. Professor Colhoun was a zealous teacher of his important branch. He was the editor of one or two useful works,—Gregory's Practice (with Dr. Potter of Baltimore), Prout on Calculus, &c. &c.

On Defective Closure of the Tricuspid Foramen as a frequent cause of Dropsy. By Peyton Blakiston, M. D., one of the Physicians to the General Dispensary, Birmingham.[1]—Various appearances found in the heart of patients affected with the dropsy, referred to that organ, have been generally considered as the real causes of the obstruction preceding the serous infiltration. Dr. Blakiston adduces instances from Bouillaud and Dr. Hope, and from his own observations, in which the aortic and mitral aperture had been very greatly narrowed, probably for a length of time, without producing dropsy till the near approach of death. The increase or diminution of the substance of the walls of the heart, and of the capacity of its cavities, he finds also to have occurred without dropsical symptoms. Agreeing with Dr. Hope in the frequent coincidence of hypertrophy and dilatation of the heart with dropsy, but considering that in such cases, when the proportion between all the cavities is preserved, no cause of obstruction can be recognised, he asks, is it not probable that some obstacle to the circulation, hitherto unobserved, is somehow connected with, if not dependent upon, the dilatation and hypertrophy? The dropsical effusion being, at least in most cases, more immediately dependent upon impediment to the venous circulation, points attention to the right side of the heart; and the dilatation of its cavities generally dilates also the right auri-ventral foramen. The author compares the statement of Hunter, Dr. Adams, and Mr. King, with his own observations respecting the degree to which the tricuspid valves close the foramen in the normal structure, and after some remarks on the dimensions of the heart's cavities, and of the valves, infers, that not only in permanent dilatation of the cavities, but also from shortening of the chordæ tendinæ, and from morbid adhesion of the valves to the walls of the heart, the closure

[1] Royal Medical and Chirugical Society, Jan. 12, 1841, Sir B. Brodie, Bart., President, in the chair. From the London Medical Gazette for January, 1841, p. 664.

of the tricuspid valves must be so imperfect as to allow regurgitation into the right auricle. As, however, the opinions of authors respecting the sufficiency of evidence in support of regurgitation in such cases are various, Dr. Blakiston proceeds to discuss this question, and inquires whether the pulsation of the jugular veins, nearly synchronous with the systole of the heart, can be admitted to be, according to Dr. Hope's opinion, independent of regurgitation. It is not unfrequently absent, Dr. Blakiston states, in hypertrophy of the right ventricle. He argues, however, that the *force* of pulsation is not the measure of the degree of regurgitation, but of the impulse from the right ventricle. If both ventricles be hypertrophied, the pulsation or shock will be great; if both be attenuated, the pulsation will be weak; while the obstruction to the circulation arising from the relative proportion between the power of the two ventricles is the same in each case, "both the venous current and that of the regurgitation fluid being derived from ventricular constriction." Of all the morbid appearances found in the heart in cases of cardiac dropsy, the deficient closure of the right auri-ventral aperture by the tricuspid valve, arising from different causes, is the only one which appears to be constantly present. The opinion of the author therefore is, that this defect is a frequent and direct cause of cardiac dropsy. "I would not be understood," says Dr. Blakiston, "as claiming that this deduction should be received as an established truth, but as bringing it forward, with the cases and facts on which it is based, in order that its accuracy may be tested by others." In conclusion, those numerous cases upon which Dr. Blakiston states his own opinions were formed, are perspicuously and concisely narrated, and the symptoms during life and the appearances after death, illustrating the subject of the paper, are placed in relief, so as to admit of easy comparison. Among them is detailed a case communicated to the author by Mr. Hodgson, of Birmingham, and a brief classified statement of morbid appearances in thirty-four cases of disease of the heart recorded by Bouillaud.

At the conclusion of the paper, Dr. Budd asked if the author believed that the dilatation of the tricuspid orifice was essential to the occurrence of dropsy. On being answered in the negative, he said that the phenomena alluded to by Dr. Blakiston seemed to him to be only illustrations of the general fact, that in all cases of obstruction at any part of the heart, all the parts seated behind it in the course of circulation suffer dilatation, whether their valves were diseased or sufficient to close their respective orifices or not. The same fact was to be observed in many cases of stricture of the urethra, in which dilatation took place in the bladder, ureters, and kidneys, successively, although the valvular structure between the ureters and bladder remained uninjured.

Dr. Blakiston did not deny the influence of disease of one part of the heart in producing changes in another; the object of his paper, and of the cases it contained (but which were not read), was to show that there were many examples in which dropsy had occurred when the only apparent disease of the heart was the dilatation spoken of, while, on the other hand, there were many more of disease and obstruction of other orifices, or their valves, without dropsy having taken place; and thus to render it probable that in many cases this dilatation of the tricuspid orifice was the essential cause of the obstruction of the circulation, by the regurgitation of blood which it permitted in the systole of the right ventricle, and hence of the general dropsy.

Dr. Copland said that the opinion of dilatation of the tricuspid orifice being a cause of dropsy was not novel, but had been generally admitted, not only by M. Bouillaud, but by most of the modern writers on diseases of the heart. He had in his mind the cases of two medical men, in both of whom this was the only or the most remarkable change, and in both of whom the dropsy was general and excessive. As to the obstruction of the circulation producing dropsy, it was manifestly unimportant whether this was the effect of an actual and fixed mechanical cause, or of the regurgitation of blood

through a constantly open orifice; in either case the ultimate result must be the same.

Dr. Mayo said that he thought the mode of testing the efficiency of the tricuspid valves described in the paper, and which consisted in the injection of water into the right ventricle, through the pulmonary artery, was not capable of affording any positive result. It was said that the water commonly passed between the valves; and this was what might have been expected. The efficiency of these valves depended on the action of the columnæ carnæ to which they are attached, and this, depending as it does on nervous influence, was lost with life. The tricuspid and mitral were not like the arterial valves, a kind of flood-gates, capable of being forced down by the force of any fluid directed against them, but were guided in all their movements by the contractions of the muscles belonging to them; and when these had ceased to act, it was impossible that the valves should exercise the same influence as before.

Dr. Marshall Hall thought that the attention was too exclusively directed to dropsy as a consequence of disease of the heart. Other effects, not less important, often resulted from it. He had lately had under his care a case in which, in consequence of disease of the heart, with obstruction on the left side, bronchitis had come on, with this remarkable character, that it was entirely without cough, though clearly discoverable by other signs. After a time hemoptysis ensued, and the patient expectorated considerable quantities of blood. Then the liver was found enlarging, and it attained a very considerable size, and then hemorrhage (not from hemorrhoids) occurred repeatedly from the intestines. On examination after death, pulmonary apoplexy was found; the enlargement of the liver was chiefly the result of congestion of the hepatic veins; there was excessive congestion of the veins of the intestines, and from these the hemorrhage had taken place. In cases of this kind the succession of events was plainly traceable, and in the midst of such a complication of symptoms the dropsy was of comparatively small importance. Here the first effect of the obstruction of the left side of the heart was congestion of the lungs, producing bronchitis, with effusion of fluid into the air tubes, and then, as it increased, pulmonary apoplexy; then followed obstruction at the right side of the heart, and on this the lividity of the face and upper part of the body, and the congestion of the liver, producing its enlargement. Next, the obstacle to the passage of blood through the liver was communicated to the blood of the portal veins, and from this resulted the great congestion of the intestines, the hemorrhage from the intestines, and the ascites. He had cases very similar in many respects to this, which were still under his care; and all tending to show that there were many other consequences of diseased heart which required notice as much as that which had in this paper exclusively occupied attention—namely, the dropsy.

Presentation of Plate to Dr. Forbes.[1]—Dr. Forbes is well known to our readers as the translator of Laennec, and the able editor of a quarterly review. At Chichester he has merited the additional fame of a skilful physician, and a good fellow-citizen.

On Tuesday, the 8th of December, as we learn from the Brighton Herald, a farewell dinner was given to Dr. Forbes, at the Dolphin Hotel, Chichester, at which plate to the value of nearly £300 was presented to him. The chair was filled by William Charles Newland, Esq., supported by Admiral Thompson, and about sixty other gentlemen. After the chairman had presented the plate on behalf of himself and the other subscribers, Dr. Forbes thanked him for this mark of their esteem in a very agreeable and manly strain. He neither assumed to himself all the praise implied in so distinguished a gift,

[1] London Medical Gazette, December 18, 1840.

nor did he wholly reject it; but was rather inspired by the genial consciousness that so great a chorus of approbation could not be founded in error.

The plate was presented "in testimony of his character, and in gratitude for his zealous and indefatigable exertions in behalf of the Chichester Infirmary."

NECROLOGY.

Sir Astley Cooper.—This distinguished surgeon, whose fame will exist as long as the annals of British surgery, died on the 12th of February, in the 73d year of his age Sir Astley was one of the most distinguished surgeons that ever lived. Although his intellectual powers were not commanding, they were respectable; and his great opportunities for observation gave him a facility for forming an opinion as to diagnosis and treatment, which have been rarely exceeded.

He amassed a large fortune from the proceeds of his professional labours; originated some important improvements in surgery; and was the author of works of splendour and value.

As a lecturer he was not pre-eminent. His style was faulty, and his language often inelegant; yet he condensed into his lectures a vast amount of important information.

Few men have lived who have deserved so well of their profession or of the public.

[*Advertisement.*]

DROPSY.

The following medicine is highly worthy the attention of practitioners of medicine. It has proved very successful in the hands of the faculty in this city.

GEO. W. CARPENTER'S

COMPOUND

FLUID EXTRACT OF WHAHOO,

For the cure of Dropsical Affections, Anasarca, Hydrothorax and Ascites.

Geo. W. Carpenter, in a late tour through the western part of the United States, became acquainted with a valuable vegetable remedial agent, which is of great interest to the medical profession, and of immense importance to the community. The medicine is prepared from the Bark of the Whahoo, an indigenous shrub, growing to the height of 8 or 10 feet, in moist and shady places, particularly in shady woods, in various parts of the States of Indiana and Illinois. As the subscriber visited the country in the winter season, he is not at present able to give a description of its botanical character and habitudes so as to identify clearly the species; it resembles somewhat the Euonymus Carolinensis.

It was first employed by a regular physician who had been a long time a prisoner with the Indians. They gave it the name of Whahoo, and used it for the cure of general dropsies and some diseases of the lungs. G. W. Carpenter, aware of the great value of this medicine, and knowing the great importance of having it properly prepared, so as to extract all its medicinal properties, and to exhibit it in a concentrated state of uniform strength, has made a number of chemical and pharmaceutical experiments, to ascertain its proper menstruum for solution, and its chemical affinities, and, in accordance, has prepared a fluid extract, which contains all the medical properties of the Whahoo Bark in a concentrated state, &c., which he offers to the faculty as a valuable medicine for the cure of all dropsical affections.

A very distinguished physician in Indiana writes me, that in 20 years' practice he has never known it fail in curing Anasarca, unless there was some visceral disease that destroyed the patient without the aid of dropsy, and that he has cured a great many cases of Hydrothorax and Ascites with it. He also states that he has seldom failed to remove the ague cake or enlargement of the spleen, by persisting in its use for 3 or 4 months and uses it as a general alterative more than he does calomel, and finds that it operates as such much better, and with more certainty and safety to the patient.

The following letter was addressed to me by a very distinguished physician of Philadelphia, who has an extensive practice and great experience in his profession, and whose remarks are entitled to the highest degree of credit and importance.

"*To Geo. W. Carpenter, Esq.*

"Sir,—A ready compliance with your request to be informed of the opinion which the trials of the 'Whahoo Bark' in the treatment of dropsical affections, has enabled me to form, is due to you, who introduced the article to my notice. I shall perhaps satisfactorily answer your desire for information, by the transmission of an extract from my notes, contributory to a paper, upon the history and medical adaptations of this native curative agent, in which I propose to lay before the profession its claims to medical attention.

"It is hydragogue, cathartic and diuretic in its operation. Its primary effects are prompt and decided, and are distinguished from the effects of other articles of equal force and power, vegetable or chemical, belonging to this class

of medicines, in being unassociated with the debility and prostration of system that too frequently attend their use.—Its influence upon the absorbent system is powerful, and transcends that exerted by any article in its integral character with which I am acquainted.

"Its value is enhanced by the assurance its use has afforded me, that it is free from the uncertainty of dose arising from the variance of strength to which the *elaterium* of commerce is subjected, and which renders it so equivocal in its action, that it is only employed as a dernier resource by prudent practitioners.

"I have seen as many as 30 copious watery dejections produced by the use of the 'Whahoo Bark,' daily for several days—and the measured quantity of two gallons of urinary discharge within the space of 12 hours, without inducing any perceptible debility or reduction of the force of the circulation. In two very distressing and violent cases of Dropsical disease, the one of Ascites accompanied with Hydrothorax—the other of general dropsy; its use was speedily followed by a removal of the hydropic effusion. In the former instance, a lady between 30 and 40 years of age, the manifestations of the disease had become so distressing and painful, in defiance of all the remedial treatment which had been pursued, that every expectation of relief from the immediate sufferings, except through the aid of an operation, had been abandoned. She had laboured under complicated symptoms of disease for many years, but is now restored to perfect health.

"In either case the happy influence of the remedy was made evident upon the administration of 3 or 4 doses. It was used in the form of a liquid Extract, prepared by you, in doses of one to two teaspoonfuls every two hours. After using it a day or two, its effects became very manifest in its action upon the bowels. The dose of two teaspoonfuls every two hours has generally proved amply large enough to secure all its beneficial effects.

"I am at present employing it in some cases of chronic disease, to the symptoms of which its virtues appear to be adapted, and with a promise of result, which previous experience of the curative quality of the article warrants. Its alterative power is very manifest, and will, I believe, when fully developed, entitle it to a distinguished position among the more useful and powerful remedial agents of the materia medica.

"I cannot, sir, suffer this hasty communication to be closed, without an acknowledgment of the debt which curative medicine owes to you, for the indefatigable exertions you have ever made to improve the pharmacology of our country; and I would assure you, that should this medicine, upon more extensive use and general adaptation, redeem the promises of usefulness it now holds forth, that debt will be greatly increased by your agency in bringing it into notice.

Most respectfully, I am yours, &c.

F. A. VANDYKE."

No. 26 Montgomery Square, Race St., between 11th and 12th St., South side, Philadelphia.

The dose of the Compound fluid Extract of Whahoo, is one to two teaspoonfuls every two hours for adults, which may be gradually increased or diminished if circumstances require. The doses for children, in proportion to their ages, beginning with a small dose and gradually increasing it if necessary. It may be mixed with a little sweetened water, if desirable.

This article is prepared only by the subscriber, and each bottle will have the written signature of Geo. W. Carpenter, on a label immediately on the bottle; and he would beg leave to caution the public to a careful observance of this, or they may get a spurious medicine; for as soon as he prepares anything new, he is counterfeited, or imitations attempted to be foisted off by some unprincipled members of the trade, who copy his directions and advertisement, and put up articles so as to resemble his as near as may be externally, but which are totally or essentially different in the composition or mode of preparation.

GEO. W. CARPENTER,
301 *Market St. Philadelphia.*